

North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 5

May 1997

Attention: All Providers

Holiday observance

The Division of Medical Assistance (DMA) and EDS will be closed on Monday, May 26 1997, in observance of Memorial Day.

EDS

1-800-688-6696 or 919-851-8888

Attention: All Providers

Division Director appointed

On April 7, 1997, Dr. David Bruton, DHR Secretary, named Paul R.(Dick) Perruzzi, Director of the Division of Medical Assistance. Mr. Perruzzi served as Acting Director following Barbara Matula's retirement at the end of January. Previously, he was the Division's Deputy Director.

In making the appointment, Dr. Bruton noted that Mr. Perruzzi's firsthand knowledge and experience in managing the State's Medicaid Program during years of unprecedented program expansion to cover more of the State's uninsured children, pregnant women, and Medicare beneficiaries will serve the State well as we look for ways to maintain the gains and manage the rate of growth.

Attention: All Providers

Confirmation letters for pre-registered attendees

Confirmation letters were sent the last week of April to all attendees that pre-registered for the 1997 Medicaid Fair. If you did not receive your confirmation letter, please contact EDS Provider Services.

EDS

1-800-688-6696 or 919-851-8888

Attention: Home Infusion Therapy Providers

Billing Home Infusion Therapy and Private Duty Nursing for the same patient

The Home Infusion Therapy (HIT) provider cannot bill for drug therapy while the patient is receiving Private Duty Nursing (PDN), however, the patient may receive enteral nutrition (EN) and total parenteral nutrition (TPN). This policy is stated in the Community Care Manual in section 10.3.3 page 10-5. See Section 10.6 for guidance on coordinating care with other services.

EDS

1-800-688-6696 or 919-851-8888

Providers are responsible for informing their billing agency of information in this bulletin.

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Attention: All Providers**Carolina ACCESS override policy**

Effective February 1, 1997, the Carolina ACCESS (CA) program began no longer approving payments where programmatic guidelines are not followed. Provider errors (i.e., failure to verify and obtain authorization from the primary care provider - PCP) are no longer overridden. This includes situations where the recipient may not have an established history with the PCP. The Program recognizes the value of prior knowledge of your patient yet feels many procedures and visits can be authorized with phone consultation, or the patient can be instructed to visit the PCP office instead. Providers who submit claims for Carolina ACCESS recipients without authorization from the PCP will not be paid by Medicaid.

Overrides are granted only in unusual circumstances or to address unreasonable impediments to patient care and provider reimbursement. Reeducation of the client regarding the Carolina ACCESS system and policies must be emphasized at every point of contact, including the provider's office. Your county's Managed Care Representative (formerly Plan Representative) with the Department of Social Services (listed in October 1996 Bulletin) can further clarify details of the policy or you may contact Joe Robbins at the Carolina ACCESS office in Raleigh North Carolina.

Joe Robbins, Carolina ACCESS
1-800-228-8142 or 919-715-5417

Attention: Dental and Ambulatory Surgical Center Providers**Facility rate increase for dental services**

Effective with dates of service, April 1, 1997, the Ambulatory Surgical Center (ASC) facility rate for ambulatory dental services increased. The same ASC Groups 1-4 for dental procedures are used. These rates are based on the time required to perform the procedures. Following are the new rates:

Group	Rates
1 (up to 30 minutes)	\$299
2 (31-60 minutes)	\$401
3 (61-90 minutes)	\$458
4 (over 90 minutes)	\$568

Pam Sanders, Financial Operations
DMA, 919-733-6784

Attention: Dialysis Facilities**Billing for parenteral drugs and related administration supplies**

The April 1995 Special Bulletin lists the drugs which may be billed separately by a Dialysis facility when administered in the facility by facility staff. When billing for these drugs on a UB-92 claim form, the provider must:

- Bill Revenue Code 250 in form locator 42
- Bill the appropriate HCPCS code in form locator 44
- Enter the number of units in form locator 46
- Enter the total charge in form locator 47

Bill supplies related to the administration of billable parental drugs used in the facility by facility staff with procedure code 99070 on the HCFA-1500 claim form. Follow these instructions when billing:

- Enter the date of service in block 24 A
- Enter 65 in block 24 B
- Enter 01 in block 24 C
- Enter one unit in block 24 G
- Enter the amount billed in block 24 F

An updated list of drugs will be published in a future Medicaid bulletin.

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1-800-688-6696 or 1-919-851-8888

Attention: Community Alternatives Program - Adult Day Health**Rate increase**

Effective with date of service May 1, 1997, the following Medicaid maximum reimbursement rates for Community Alternative Program Adult Day Health increased.

Code	Description	New rate
W8104	CAP/DA Adult Day Health	\$33.00
W8105	CAP-MR/DD Adult Day Health	\$33.00
W8170	CAP/AIDS Adult Day Health	\$33.00

Providers are reminded to bill their usual and customary rates for Medicaid services.

Jim Panton
919-733-6784

Attention: Ambulance service providers**Additional HCPC code for advanced life support**

Effective with date of service, June 1, 1997, an additional procedure code for advanced life support (ALS) services will be covered.

A0326 - ALS, non-emergency

Procedure code A0326 "Advanced life support (ALS) non-emergency transport specialized ALS services rendered, supplies included, mileage separately billed", should be billed when the recipient has a "keep vein open" (KVO) intravenous (IV) as well as other ALS monitoring. Bill HCPC procedure code A0090 for mileage outside the county in which the provider is located. Code A0326 reimburses at \$73.97.

Example: The recipient is in stable condition with an IV (without additives) infusing at KVO rate. He is on oxygen without signs or symptoms of respiratory distress and/or he may be on a cardiac monitor.

A0330 - ALS, emergency

Procedure code A0330 "Advanced life support (ALS) emergency transport specialized ALS services rendered, supplies included mileage separately billed", should be billed when the recipient has an IV initiated with the administering of fluids and/or life sustaining drugs in addition to other ALS monitoring. Bill HCPC procedure code A0390 for mileage outside the county in which the provider is located. Code A0330 reimburses at \$96.72.

Example: The recipient's health status at the time of pick-up requires initiating an IV for fluid resuscitation to sustain life, such as replacing blood loss with crystalloid or administering life sustaining drugs such as lidocaine.

Call reports must include a complete description of the recipient's condition at time of transport: (1) data of how, when, and where recipient was found; (2) vital signs, (3) level of consciousness, and (4) all treatments rendered and recipient's response to treatments. Call reports must be maintained for a period not less than five years and must substantiate the billing codes selected. Without documentation supporting medical necessity, the provider is subject to recoupment of payment.

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1-800-688-6696 or 919-851-8888

Attention: Durable Medical Equipment Providers**Invoice requirements changed**

Effective immediately Durable Medical Equipment (DME) providers are no longer required to submit an invoice when billing for the codes listed below. It is the provider's responsibility to retain the invoice on file for not less than five years.

Code	Description
K0008	Custom manual wheelchair base
K0013	Custom motorized/power wheelchair base
L4210	Orthotic device repair code
L7510	Prosthetic device repair code
W4005	Equipment service or repair code

Because these codes do not require invoices, providers can bill these codes electronically.

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Attention: All Providers**Medicaid income limits**

Medicaid income limits that are based on the federal poverty level have increased. The new amounts are shown in the following tables.

Please encourage any of your non-Medicaid patients who do not appear to have the financial ability to pay for medical care and fit into any of the groups listed below, to go to their county department of social services to file an application for Medicaid.

Pregnant Women and Infants under Age 1
185% of Poverty (No asset test)
Effective 4/1/97

Family Size	Monthly Income Limit
1	\$1,217.00
2	1,636.00
3	2,056.00
4	2,475.00

Children Ages 1 to 6
133% of Poverty (No asset test)
Effective 4/1/97

Monthly Income Limit
\$875.00
1,176.00
1,478.00
1,779.00

Children Ages 6 to 19
100% of Poverty (No asset test)
Effective 4/1/97

Family Size	Monthly Income Limit
1	\$658.00
2	885.00
3	1,111.00
4	1,338.00

Medicare Beneficiaries
100% of Poverty
Effective 5/1/97

Monthly Income Limit
\$658
\$885
Asset limit for 1 - \$4,000
Asset limit for 2 - \$6,000

Pregnant women who meet the income limit are eligible for pregnancy related services including labor and delivery. They receive a pink Medicaid ID Card.

Children under age 19 who meet the income limit are eligible for all Medicaid covered services. They receive a blue Medicaid ID card.

Medicare Part A beneficiaries who meet the income and assets limits are eligible for Medicaid payment of their Medicare premiums, deductibles, and coinsurance for Medicare covered services. They usually receive a buff colored Medicaid ID card. However, some individuals are dually eligible as Medicaid and as a Qualified Medicare Beneficiary. In those cases, a blue Medicaid ID card is issued and recipients are eligible for all Medicaid covered services, including payment of their Medicare deductibles and coinsurance.

Medicaid Eligibility Unit, DMA
919-733-7160

Attention: Home Health Providers

Seminar schedule

Seminars for Home Health providers will be held in June 1997. Each provider is encouraged to send appropriate administrative, clinical, and clerical personnel. Coverage issues for home health, service limitations and plan of care (HCFA-485) will be discussed. In addition, procedures for filing home health claims, common billing errors, and follow-up procedures will be reviewed.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Pre-registration is strongly recommend.**

Note: Providers are requested to bring their Community Care Manuals. Additional manuals will be available for purchase at \$20.00.

Directions are available on page 7 of this bulletin.

Tuesday, June 3, 1997

Holiday Inn
4903 Market Street
Wilmington, NC
Entourage Room

Thursday, June 5, 1997

Martin Community College
Kehakee Park Road
Williamston, NC
Auditorium

Tuesday, June 10, 1997

Wake Medical Center
MEI Conference Center
3000 New Bern Avenue
Raleigh, NC
(Park at Wakefield Shopping Ctr)

Tuesday, June 17, 1997

Ramada Inn Airport Central
515 Clanton Road
Charlotte, NC

Wednesday, June 18, 1997

Holiday Inn North-Coliseum
3050 University Parkway
Winston-Salem, NC
Exchange Room

Tuesday, June 24, 1997

A-B Technical College
340 Victoria Road
Asheville, NC
Simpson Lecture Room

(cut and return registration form only)

Home Health Provider Seminar Registration Form

(No Fee)

Provider Name _____ Provider Number _____

Address _____ Contact Person _____

City, Zip Code _____ County _____

Telephone Number _____ Date _____

_____ persons will attend the seminar at _____ on _____
(location) (date)

Return to: Provider Relations
EDS
P.O. Box 300009
Raleigh, NC 27622

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Attention: All Providers

Directions to the Home Health Seminars

The registration form for the workshop is on page 5 of this bulletin.

HOLIDAY INN - WILMINGTON

Tuesday, June 3, 1997

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn right onto Market Street and Holiday Inn is located on the right.

MARTIN COMMUNITY COLLEGE , WILLIAMSTON

Thursday, June 5, 1997

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The Auditorium is located in Building 2.

WAKE MEDICAL MEI CONFERENCE CENTER - RALEIGH

Tuesday, June 10, 1997

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom.

RAMADA INN AIRPORT CENTRAL , CHARLOTTE

Tuesday, June 17, 1997

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

HOLIDAY INN NORTH - COLISEUM, WINSTON-SALEM

Wednesday, June 18, 1997

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Holiday Inn is located behind the IHOP Restaurant.

A-B TECHNICAL COLLEGE, ASHEVILLE

Tuesday, June 24, 1997

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building.

Checkwrite Schedule

May 6, 1997
May 13, 1997
May 20, 1997
May 29, 1997

June 10, 1997
June 17, 1997
June 26, 1997

July 8, 1997
July 15, 1997
July 24, 1997

Electronic Cut-Off Schedule *

May 2, 1997
May 9, 1997
May 16, 1997
May 23, 1997

June 6, 1997
June 13, 1997
June 20, 1997

July 3, 1997
July 11, 1997
July 18, 1997

* *Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.*

Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Human Resources

James R. Clayton
Executive Director
EDS

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